RULES
OF
TENNESSEE DEPARTMENT OF HEALTH
BOARD FOR LICENSING HEALTH CARE FACILITIES

CHAPTER 1200-8-2
STANDARDS FOR PRESCRIBED CHILD CARE CENTERS

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1200-8-2-.01 DEFINITIONS.

(1) Administrator. The individual designated by the licensee or the governing body to be the person responsible for the day to day supervision and operation of the PCCC and may be either the licensee or the nursing director.

(2) Board. The Tennessee Board for Licensing Health Care Facilities.

(3) Cardiopulmonary Resuscitation (CPR). The administering of any means or device to restore or support cardiopulmonary function in a child, whether by mechanical devices, chest compressions, mouth-to-mouth resuscitation, cardiac massage, tracheal intubation, manual or mechanical ventilators or respirations, defibrillation, the administration of drugs and/or chemical agents intended to restore cardiac and/or respiratory functions in a child where cardiac or respiratory arrest has occurred or is believed to be imminent.

(4) Certified Master Social Worker. A person currently certified as such by the Tennessee Board of Social Worker Certification and Licensure.

(5) Certified Nurse Practitioner. A person who is licensed as a registered nurse and has further been issued a certificate of fitness to prescribe and/or issue drugs by the Tennessee Board of Nursing.

(6) Certified Respiratory Technician. A person currently licensed as such by the Tennessee Board of Respiratory Care.

(7) Child or Children. A person or persons under 18 years of age.

(8) Child Care. The provision of supervision, protection, and meeting, at a minimum, the basic needs of a child for three (3) or more hours a day, but less than twenty-four (24) hours a day.

(9) Commissioner. The Commissioner of the Tennessee Department of Health or his or her authorized representative.

(10) Dentist. A person currently licensed as such by the Tennessee Board of Dentistry.

(11) Department. The Tennessee Department of Health.

(12) Dietitian. A person currently licensed as such by the Tennessee Board of Dietitian/Nutritionist Examiners.

(13) Developmentally Appropriate. As defined by the National Association for the Education of Young Children, developmentally appropriate practice is the use of child development knowledge to identify the range of appropriate behaviors, activities and materials for a specific age group. This knowledge is used in conjunction with understanding about an individual child's growth patterns, strengths, interests, and experiences to design the most appropriate learning environment. Developmentally appropriate curriculum provides for all areas of a child's development: physical, emotional, social, and cognitive through an integrated approach.

(14) Do Not Resuscitate (DNR) Order. For purposes of this chapter, an order entered by the child's treating physician, in consultation with the parent, in the child's medical record which states that in the event the child suffers cardiac or respiratory arrest, cardiopulmonary resuscitation should not be attempted. The order may contain limiting language to allow only certain types of cardiopulmonary resuscitation to the exclusion of other types of cardiopulmonary resuscitation.

(15) Electronic Signature. The authentication of a health record document or documentation in an electronic form achieved through electronic entry of an exclusively assigned, unique identification code entered by the author of the documentation.

(16) Emergency. Any situation or condition which presents an imminent danger of death or serious physical or mental harm to children.

(17) Functional Assessment. An evaluation of the child's abilities and needs related to self care, communication skills, social skills, motor skills, pre-academic areas, play with toys/objects, growth and development appropriate for age.

(18) Group. A specific number of children comprising an age range, assigned to specific staff in an assigned space, which is divided from the space of other groups by a recognizable barrier to define limits and to reduce distractions.

(19) Hazardous Waste. Materials whose handling, use, storage, and disposal are governed by local, state, or federal regulations.

(20) High School Diploma. As used in the context of staff qualifications, refers to a document recognizing graduation from a legally approved institution, public or private, based on the issuing state's required number of academic credits, including passing a GED test. As used in this Chapter, a certificate or statement of attendance or similar document, or correspondence or video courses, do not qualify as a high school diploma.

(21) Holding Out to the Public. Advertising or soliciting the public through the use of personal, telephone, mail or other forms of communication to provide information about services provided by the facility.

(22) Infant. A child who is six (6) weeks through fifteen (15) months of age.

(23) Infectious Waste. Solid or liquid wastes which contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host could result in an infectious disease.

(24) Licensee. The person or entity to whom the license is issued. The licensee is held responsible for compliance with all rules and regulations.

(25) N.F.P.A. The National Fire Protection Association.

(26) Licensed Clinical Social Worker. A person currently licensed as such by the Tennessee Board of Social Workers.

(27) Licensed Practical Nurse. A person currently licensed as such by Tennessee Board of Nursing.

(28) Medical Emergency. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the child's health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part, which includes labor when delivery is imminent, when there is inadequate time to effect safe transfer to a hospital prior to delivery, or when a transfer may pose a threat to the health and safety of the child or the unborn child.

(29) Medical Record. Medical histories, records, reports, summaries, diagnoses, prognoses, records of treatment and medication ordered and given, entries, x-rays, radiology interpretations, and other written electronics, or graphic data prepared, kept, made or maintained in a facility that pertains to confinement or services rendered to patients admitted or receiving care.

(30) Mid-Level Practitioner. A certified nurse practitioner or a licensed physician assistant.

(31) N.F.P.A. The National Fire Protection Association.

(32) Nursing Director. A licensed registered nurse providing continuous supervision of PCCC services and managing the operations of the facility.

(33) Occupational Therapist. A person currently licensed as such by the Tennessee Board of Occupational and Physical Therapy Examiners.

(34) Occupational Therapy Assistant. A person currently licensed as such by the Tennessee Board of Occupational and Physical Therapy Examiners.

(35) Optometrist. A person currently licensed as such by the Tennessee Board of Optometry.

(36) Parent. A biological, legal or adoptive parent, guardian, or a legal or physical custodian who has primary responsibility for a child.

(37) Pharmacist. A person currently licensed as such by the Tennessee Board of Pharmacy.

(38) Physical Therapist. A person currently licensed as such by the Tennessee Board of Occupational and Physical Therapy Examiners.

(39) Physical Therapy Assistant. A person currently licensed as such by the Tennessee Board of Occupational and Physical Therapy Examiners.

(40) Physician. A person currently licensed as such by the Tennessee Board of Medical Examiners or currently licensed to practice osteopathy by the Tennessee Board of Osteopathic Examiners.

(41) Physician Assistant. A person who is licensed by the Tennessee Board of Medical Examiners and Committee on Physician Assistants and has prescription writing authority pursuant to T.C.A. 63-19-107(2)(A).

(42) Plan of Care. The comprehensive plan for implementation of medical, nursing, psychosocial, developmental, and educational therapies to be provided upon admission and shall include necessary equipment to meet the child's need, and the plan will be revised to include recommended changes in the therapeutic plans. The disposition to be followed in the event of emergency situations will be specified in the Plan of Care.

(Rule 1200-8-2-.01, continued)

(43) Podiatrist. A person currently licensed as such by the Tennessee Board of Registration in Podiatry.

(44) Prescribed Child Care Center (PCCC). A nonresidential child care, health care/child care center providing physician prescribed services and appropriate developmental services for six (6) or more children who are medically and/or technology dependent and require continuous nursing intervention. Child care for purposes of this section means the provision of supervision, protection, and meeting the basic needs of children, who are not related to the primary caregivers, for three (3) or more hours a day, but less than twenty-four (24) hours a day. As part of the continuum of care for medically dependent children, the center provides a triad of medically necessary services: skilled nursing care, developmental programming, and parental training. Prescribed child care (PCCC) provides a less restrictive alternative to hospitalization and reduces the isolation often experienced by the homebound, medically dependent child and family. The purpose of prescribed childcare is health care, but does not exclude other services.

(45) Psychologist. A person currently licensed as such by the Tennessee Board of Examiners in Psychology.

(46) Registered Nurse. A person currently licensed as such by the Tennessee Board of Nursing.

(47) Registered Respiratory Therapist. A person currently licensed as such by the Tennessee Board of Respiratory Care.

(48) Shall or Must. Compliance is mandatory.

(49) Social Worker. A person who has at least a bachelor's degree in Social Work or related field, and preferably, two (2) years medical social work or other community based work experience.

(50) Speech Pathologist. A person currently licensed as such by the Tennessee Board of Communications Disorders and Sciences.

(51) Toddler. A child who is sixteen (16) months through thirty (30) months of age.

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, 68-11-209, and 68-11-216.* ***Administrative History:*** *Original rule certified June 7, 1974. Amendment filed July 3, 1984; effective August 1, 1984. Repeal and new rule filed May 22, 1986; effective June 21, 1986. Amendment filed April 1, 1992; effective May 16, 1992. Amendment filed January 6, 1995; effective March 22, 1995. Repeal filed March 18, 2000; effective May 30, 2000. New rule filed June 13, 2002; effective August 27, 2002.*

1200-8-2-.02 LICENSING PROCEDURES.

(1) No person, partnership, association, corporation, or state, county or local government unit, or division, department, board or agency thereof, shall establish, conduct, operate, or maintain in the State of Tennessee any Prescribed Child Care Center (PCCC) without having a license. A license shall be issued only to the applicant named and for the premises listed in the application for licensure. Licenses are not transferable or assignable and shall expire annually on June 30th. The license shall be conspicuously posted in the PCCC.

(2) In order to make application for a license:

(a) The applicant shall submit an application on a form prepared by the department.

(b) Each applicant for a license, with the exception of the U.S. Government, the State of Tennessee or local government, shall pay an annual license fee of eight hundred dollars ($800.00). The fee must be submitted with the application and is not refundable.

(c) The issuance of an application form is in no way a guarantee that the completed application will be accepted or that a license will be issued by the department. No child shall be admitted to the PCCC until a license has been issued. Applicants shall not hold themselves out to the public as being a PCCC until the license has been issued. A license shall not be issued until the facility is in substantial compliance with these rules and regulations including submission of all information required by T.C.A. §68-11-206(a)(1), or as later amended, and of all information required by the Commissioner.

(d) The applicant must prove the ability to meet the financial needs of the facility.

(e) The applicant shall not use subterfuge or other evasive means to obtain a license, such as filing for a license through a second party when an individual has been denied a license or has had a license disciplined or has attempted to avoid inspection and review process.

(3) A proposed change of ownership, including a change in a controlling interest, must be reported to the department a minimum of thirty (30) days prior to the change. A new application and fee must be received by the department before the license may be issued.

(a) For the purposes of licensing, the licensee of a PCCC has the ultimate responsibility for the operation of the facility, including the final authority to make or control operational decisions and legal responsibility for the business management. A change of ownership occurs whenever this ultimate legal authority for the responsibility of the PCCC operation is transferred.

(b) A change of ownership occurs whenever there is a change in the legal structure by which the PCCC is owned and operated.

(c) Transactions constituting a change of ownership include, but are not limited to, the following:

1. Transfer of the facility's legal title;

2. Lease of the facility's operations;

3. Dissolution of any partnership that owns, or owns a controlling interest in, the facility;

4. One partnership is replaced by another through the removal, addition or substitution of a partner;

5. Removal of the general partners or general partner, if the facility is owned by a limited partnership;

6. Merger of a facility owner (a corporation) into another corporation where, after the merger, the owner's shares of capital stock are cancelled;

7. The consolidation of a corporate facility owner with one or more corporations; or,

8. Transfer between levels of government.

(d) Transactions which do not constitute a change of ownership include, but are not limited to, the following:

1. Changes in the membership of a corporate board of directors or board of trustees;

2. Two (2) or more corporations merge and the originally licensed corporation survives;

(Rule 1200-8-2-.02, continued)

3. Changes in the membership of a non-profit corporation;

4. Transfers between departments of the same level of government; or,

5. Corporate stock transfers or sales, even when a controlling interest.

(e) Management agreements are generally not changes of ownership if the owner continues to retain ultimate authority for the operation of the facility. However, if the ultimate authority is surrendered and transferred from the owner to a new manager, then a change of ownership has occurred.

(f) Sale/lease-back agreements shall not be treated as changes in ownership if the lease involves the facility's entire real and personal property and if the identity of the leassee, who shall continue the operation, retains the exact same legal form as the former owner.

(4) To be eligible for license or renewal of a license, each PCCC shall be periodically inspected for compliance with these regulations. If deficiencies are identified, an acceptable plan of correction must be submitted.

(5) All PCCCs may maintain certification as a Community Health Clinic (see Chapter 1200-13-2, Tennessee Department of Health) and as a Comprehensive Outpatient Rehabilitation Facility (see 42 U.S.C. 1395x(cc) of the Social Security Act and Subpart B of 42 Code of Federal Regulations [CFR] Part 485).

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, 68-11-207, 68-11-209, and 68-11-216.* ***Administrative History:*** *Original rule certified June 7, 1974. Amendment filed July 3, 1984; effective August 1, 1984. Repeal and new rule filed May, 22, 1986; effective July 21, 1986. Amendment filed October 22, 1987; effective December 6, 1987. Amendment filed April 1, 1992; effective May 16, 1992. Amendment filed November 3, 1992; effective December 18, 1992. Amendment filed March 7, 1994; effective May 21, 1994. Amendment filed December 30, 1994; effective March 18, 1995. Amendment filed June 13, 1997; effective August 27, 1997. Repeal filed March 18, 2000; effective May 30, 2000. New rule filed June 13, 2002; effective August 27, 2002.*

1200-8-2-.03 DISCIPLINARY PROCEDURES.

(1) The board may suspend or revoke a license for:

(a) Violation of federal or state statues;

(b) Violation of the rules as set forth in this chapter;

(c) Permitting, aiding or abetting the commission of any illegal act in the PCCC;

(d) Conduct or practice found by the board to be detrimental to the health, safety, or welfare of the children in the PCCC; and

(e) Failure to renew license.

(2) The board may consider all factors which it deems relevant, including but not limited to the following when determining sanctions:

(a) The degree of sanctions necessary to ensure immediate and continued compliance;

(b) The character and degree of impact of the violation on the health, safety and welfare of the children in the PCCC;

(c) The conduct of the PCCC in taking all feasible steps or procedures necessary or appropriate to comply or correct the violations; and

(d) Any prior violations by the PCCC of statutes, regulations or orders of the board.

(3) When a PCCC is found by the department to have committed a violation of this chapter, the department will issue to the facility a statement of deficiencies. Within ten (10) days of the receipt of the deficiencies, the PCCC must return a plan of correction indicating the following:

(a) How the deficiency will be corrected;

(b) The date upon which each deficiency will be corrected;

(c) What measures or systemic changes will be put in place to ensure that the deficient practice does not recur; and

(d) How the corrective action will be monitored to ensure that the deficient practice does not recur.

(4) Either failure to submit a plan of correction in a timely manner or a finding by the department that the plan of correction is unacceptable shall subject the PCCC license to possible disciplinary action.

(5) The department may assess a civil penalty not to exceed one thousand dollars ($1,000) against any person or entity operating a prescribed child care facility without the license required by this chapter or in violation of any other statute or regulation promulgated hereunder. Each day of operation is a separate offense.

(a) The board is authorized to conduct contested cases regarding appeals of the penalties assessed pursuant to this subsection.

(6) Any licensee or applicant for a license, aggrieved by decision or action of the department or board, pursuant to this chapter, may request a hearing before the board. The proceedings and judicial review of the board's decision shall be in accordance with the Uniform Procedures Act, T.C.A. §4-5-101, et seq.

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, 68-11-207, 68-11-209, and 68-11-213.* ***Administrative History:*** *Original rule certified June 7, 1974. Amendment filed July 3, 1984; effective August 1, 1984. Repeal filed May 22, 1986; effective July 21, 1986. New rule filed June 13, 2002; effective August 27, 2002.*

1200-8-2-.04 ADMINISTRATION.

(1) The licensee or governing body of the PCCC shall ensure the following:

(a) The facility complies with all applicable federal, state, and local laws, ordinances, rules and regulations;

(b) The facility is administered and operated in accordance with written policies and procedures;

(c) The general direction over the facility and the establishment of policies governing the operation of the facility and the welfare of the children served;

(d) That an administrator be designated for the operation of the facility who may be the licensee, or the nursing director.

(Rule 1200-8-2-.04, continued)

(2) A current written policies and procedures manual shall be maintained. The manual must include the following elements:

(a) An organizational chart or a statement which clearly shows or describes the lines of authority between the governing body, the administrator, the nursing director, and the staff;

(b) A description of facility services provided by the licensee. The description shall include at a minimum the hours of operation and admission and discharge criteria;

(c) Exclusion criteria for persons not appropriate for admission;

(d) A schedule of fees, if any, currently charged to the parent for all services provided by the licensee;

(3) The PCCC must have an effective governing body legally responsible for the conduct of the PCCC. If a PCCC does not have an organized governing body, the persons legally responsible for the conduct of the PCCC must carry out the functions specified in this chapter.

(4) When licensure is applicable for a particular job, the number and renewal number of the current license must be maintained in personnel. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Adequate medical screenings to exclude communicable disease shall be required of each employee.

(5) Whenever the rules and regulations of this chapter require that a licensee develop a written policy, plan, procedure, technique, or system concerning a subject, the licensee shall develop the required policy, maintain it and adhere to its provisions. A PCCC that violates a required policy also violates the rule and regulation establishing the requirement.

(6) No PCCC shall retaliate against or, in any manner, discriminate against any person because of a complaint made in good faith and without malice to the board, the department, or the Comptroller of the State Treasury. A PCCC shall neither retaliate, nor discriminate, because of information lawfully provided to these authorities, because of a person's cooperation with them, or because a person is subpoenaed to testify at a hearing involving one of these authorities.

(7) Personnel.

(a) All PCCC's as defined in §68-11-201 shall initiate a criminal background check on any person who is employed by or who wishes to volunteer in a capacity which involves providing direct care to a child, prior to or within seven (7) days of employment or provision of services. Any person who applies for employment in a position or who wishes to volunteer in a capacity which involves providing direct care to a child in such a facility shall consent to:

1. Provide past work and personal references to be checked by the PCCC; and/or

2. Agree to the release of any and all information and investigative records to the PCCC or its agent, or to any agency that contracts with the State of Tennessee necessary for the purpose of verifying whether the individual has been convicted of a felony in the State of Tennessee; and/or

3. Supply a fingerprint sample and submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation, other law enforcement agency, or any legally authorized entity; and/or

(Rule 1200-8-2-.04, continued)

4. Release any information required for a criminal background investigation by a professional background screening organization or criminal background check service or registry.

5. Any cost incurred by the Tennessee Bureau of Investigation, professional background screening organization, law enforcement agency or other legally authorized entity, in conducting such investigations of such applicants or volunteers may be paid by the PCCC, or any agency that contracts with the State of Tennessee requesting such investigation and information, or the individual who seeks employment or is employed or volunteers. Payments of such costs to the Tennessee Bureau of Investigation are to be made in accordance with the provisions of Tennessee Code Annotated, § 38-6-103 and §38-6-109.

6. A PCCC which declines to employ or terminates a person based upon information provided to the facility under this section shall be immune from suit by or on behalf of that person for the termination of or the refusal to employ that person.

(b) A personnel record for each staff member of a facility shall include an application for employment and a record of any disciplinary action taken.

(c) Time records, including but not limited to, authorization and record of leave, shall be maintained.

(d) A job description shall be maintained which includes the employment requirements and the job responsibilities for each facility staff position.

(e) A personnel record shall be maintained which verifies that each employee meets the respective employment requirements for the staff position held, including annual verification of basic skills and annual evaluation of personnel performance. This evaluation shall be in writing. There shall be documentation to verify that the employee has reviewed the evaluation and has had an opportunity to comment on it.

(f) Training and development activities which are appropriate in assisting the staff in meeting the needs of the children being served shall be provided for each staff member including STD/HIV education and child abuse education. The provision of such activities shall be evidenced by documentation in the facility's records.

(g) Training and development activities which are appropriate in assisting volunteers (if volunteers are used by the facility) in implementing their assigned duties shall be provided for each volunteer. The provision of such activities shall be evidenced by documentation in the facility's records.

(h) Direct-services staff members shall be competent persons aged eighteen (18) years of age or older.

(i) All new employees, including volunteers, who have routine contact with children shall have a current tuberculosis test prior to employment. (See Appendix C)

(j) Employees shall have a tuberculin skin test annually.

(k) Employee records shall include date and type of tuberculin skin test used and date of tuberculin skin test results, date and results of chest x-ray, and any drug treatment for tuberculosis.

(8) Responsibility for Staff

(a) The licensee of the PCCC is responsible for selecting individuals of suitable character to work with children.

(b) All PCCC facilities shall have a minimum full time equivalent staff of one registered nurse. Thereafter, the ratio of staff to children shall be maintained at a ratio of one staff person for every three (3) children.

(c) The administrator of the PCCC is responsible for staff and program and the day-to-day operation of the center.

(d) A licensed health care professional at the center shall be designated to be in charge in the absence of the administrator.

(e) Exclusions for certain activities and crimes:

1. No person shall be employed, work as a caregiver, or have access to or contact with children in the child care program:

(i) who is known to the child care center's management as a perpetrator of child abuse or child sexual abuse; or

(ii) who is identified to the child care center's management by the Department of Children's Services as a validated or indicated perpetrator of abuse of a child; or

(iii) who is currently charged with, has been convicted of, or pled guilty in any manner to a crime involving a child; or

(iv) who has pled guilty to any lesser offense derived from an original offense involving a child; or

(v) who is currently charged with, has been convicted of, or who has pled guilty in any manner to a crime of violence against another person, or who has pled guilty to any lesser offense derived from a crime of violence against another person; or

(vi) who is currently charged with, who has been convicted of, or who has pled guilty in any manner to, or who has pled guilty to any lesser offense derived from, any offense involving the manufacture, sale, distribution, or possession of any drug; and

(vii) who is associated in providing care or ancillary services in any manner within a child care program; or

(viii) who is a family member or other person residing at the child care center's facility or adjacent residence; or

(ix) who has unrestricted access to children in the facility.

2. An employee or volunteer who has been identified by the Department as having neglected a child based on an investigation conducted by the Department of Children's Services pursuant to a report of harm, and who has not been criminally charged or convicted or pled guilty as stated above, shall be supervised by another adult while providing care for children.

(Rule 1200-8-2-.04, continued)

3. Exceptions may be granted on a case-by-case basis by the Department in its sole discretion to persons subject to items 1. (iii), (iv), and (v) in situations where the person is charged with, has pled guilty to, or has been convicted of a crime involving accidental or negligent acts rising to the level of a criminal charge. Exceptions are granted subject to the availability of documentation necessary to make a determination. The criteria which will be considered include, but are not limited to:

(i) The act did not rise above the level of criminally negligent homicide or vehicular homicide and did not include the use of drugs or alcohol;

(ii) The act was isolated and was not consistent with the person's usual character;

(iii) The circumstances were not related to the provision of child care;

(iv) The circumstances do not reflect the inability to provide child care by the affected person in any manner inconsistent with these rules.

(f) The behavior of staff shall reflect knowledge and understanding of the special needs, growth, and developmental patterns of young children and understanding of appropriate activities, as reflected in staff's performance evaluations.

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, 68-11-209, and 68-11-234.* ***Administrative History:*** *Original rule filed June 13, 2002; effective August 27, 2002.*

1200-8-2-.05 ADMISSIONS, DISCHARGES, AND TRANSFERS.

(1) The intake and assessment process shall include the following:

(a) The information to be obtained on all children or referrals for admission;

(b) The procedures for accepting referrals from outside agencies or organizations;

(c) The records to be kept on all children;

(d) Any prospective child data to be recorded during the intake process; and

(e) The procedures to be followed when a child or a referral is found eligible for admission.

(2) Admission of Children and Communication with Parents

(a) Infants and children considered for admission to the PCCC facility shall be those with complex medical conditions requiring continual care, including, but not limited to:

1. supplemental oxygen;

2. ventilator dependence;

3. cystic fibrosis;

4. apnea; and

5. spinal cord injury and malignancy.

(Rule 1200-8-2-.05, continued)

(b) The child shall not present significant risk to the health and safety of other children or personnel that cannot be eliminated by a modification of policies, practices, or procedures, or by the provision of auxiliary aids or services.

(c) The child shall be medically stabilized, require skilled nursing care, and/or other interventions, and be appropriate for outpatient care.

(d) Prior to placement, pre-admission planning conferences shall be held for the purpose of developing a plan of care.

(e) The plan of care shall be developed under the direction of the PCCC nursing director and shall specify the treatment plan needed to accommodate the medical, nursing, psychological, and developmental needs of the child and family. The educational needs of the child shall be coordinated with appropriate local public school system personnel. Specific goals for care shall be identified. Plans for achieving the goals shall be determined and a schedule for evaluation of progress will be established.

(f) The plan shall be signed by the authorized representative of the PCCC, physician, and parent(s). Copies of the plan shall be given to the parent(s) and the PCCC staff.

(g) A consent form, outlining the purpose of a PCCC facility, family responsibilities, authorized treatment, and emergency disposition plans shall be signed by the parent(s) and witnessed prior to admission to the PCCC facility. The original consent form shall be retained by the facility. The parent(s) shall be provided a copy of the consent form.

(h) At the time of admission, written policies and procedures of the PCCC shall be provided to parents or other applicants. Policies shall include criteria for dismissal of children. A copy of PCCC policies and procedures shall be given to the parent and documentation of receipt filed in the child's record.

(i) A pre-enrollment visit to the center by the parent shall be documented.

(j) Upon enrollment of a child, the parent shall receive a summary of the Department's licensing requirements and receipt of the summary shall be documented by the parent's signature.

(k) Each PCCC shall develop a plan for regular and ongoing communication with parents. This plan shall include communication concerning curriculum, changes in personnel, or planned changes affecting children's routine care. Documentation shall be maintained for the most recent quarter.

(l) During normal operating hours, parents shall be permitted access to their children, and ready access to all areas of the PCCC shall be granted Department representatives and inspection authorities (i.e., fire safety, sanitation, and health).

(m) Parents shall be informed in advance of the child's removal from the premises except in cases of emergencies or pursuant to investigative procedures conducted pursuant to the child abuse laws.

(n) Children shall not be in care for more than sixteen hours in a twenty-four hour period except in special circumstances (e.g., acute illness of or injury to parents, natural disaster, unusual work hours). Individual plans for extended care shall be maintained, with documentation, signed by parent and administrator, retained on file.

(o) Part-time children shall be counted in the ratio and group and shall have required records on file before they are cared for.

(p) Any infant or child not meeting the criteria set out in 1200-8-2-.05(2)(a)-(c) shall be discharged from the PCCC.

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.* ***Administrative History:*** *Original rule filed June 13, 2002; effective August 27, 2002.*

1200-8-2-.06 BASIC SERVICES.

(1) Nursing Services.

(a) The PCCC must have an organized nursing service that provides twenty-four (24) hour nursing services furnished or supervised by a registered nurse. A registered nurse must be on the premises at all times during business hours.

(b) The PCCC must have a well-organized service with a plan of administrative authority and delineation of responsibilities for child care. The nursing director must be a licensed registered nurse who is responsible for the operation of the nursing service, including determining the types and numbers of nursing personnel and staff necessary to provide nursing care for the PCCC.

(c) The nursing service must have adequate numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide nursing care to all children as needed. There must be supervisory and staff personnel for each department or unit of the PCCC to ensure, when needed, the immediate availability of a registered nurse.

(d) There must be a procedure to ensure that nursing personnel for whom licensure is required have valid and current licenses.

(e) A registered nurse must assess, supervise and evaluate the nursing care for each child.

(f) The PCCC must ensure that an appropriate individualized plan of care is prepared for each child.

(g) A registered nurse must assign the nursing care of each child to other nursing personnel in accordance with the child's needs and the specialized qualifications and competence of the nursing staff available. All nursing personnel shall have specialized training and a program in-service and continuing education commensurate with the duties and responsibilities of the individual. All training shall be documented for each individual so employed, along with documentation of annual competency skills. Orientation of any new personnel must be conducted within the first two weeks of employment.

(h) Non-employee licensed nurses who are working in the PCCC must adhere to the policies and procedures of the facility. The nursing director must provide for the adequate supervision and evaluation of the clinical activities of non-employee nursing personnel which occur within the responsibility of the nursing service. Annual competency and skill documentation must be demonstrated on these individuals just as on employees, if they perform clinical activities.

(i) All drugs, devices and related materials must be administered by, or under the supervision of, nursing or other personnel in accordance with federal and state laws and regulations, including applicable licensing requirements.

(j) All orders for drugs, devices and related materials must be in writing and signed by the practitioner or practitioners responsible for the care of the child. Electronic and computer-

generated records and signature entries are acceptable. When telephone or oral orders must be used, they must be:

1. Accepted only by personnel that are authorized to do so by policies and procedures, consistent with federal and state law; and

2. Signed or initialed by the prescribing practitioner according to policy.

(k) Intravenous medications must be administrated in accordance with state law and approved policies and procedures.

(l) There must be a procedure for reporting adverse drug reactions and errors in administration of drugs.

(2) Physician Services.

(a) Policies and procedures concerning services provided by the PCCC shall be available to the children's primary care physicians as requested.

(b) If children with mental, physical or other impairments or with a medical disorder are enrolled, and special care is needed, a physician's statement shall identify the condition and give the appropriate care professional special instructions for the child's care.

(c) Children shall be aided in receiving dental care as deemed necessary.

(d) Consultation with a physician shall occur at least annually to review medical care provided within the PCCC and shall include, but not be limited to:

1. Evaluate the delivery of emergency and medical care when the child's primary physician or his/her designated alternative is unavailable;

2. Review reports of accidents or unusual incidents occurring on the premises, identifying hazards to health and safety and recommending corrective action to the administrator;

3. Review performance improvement, infection control and safety action plans for appropriate actions;

4. Monitor the health status of facility personnel to ensure that no health conditions exist which would adversely affect children; and

5. Advise and provide consultation on matters regarding medical care, standards of care, surveillance and infection control.

(3) Educational Services

(a) The PCCC will provide parent(s) education services by including them in care related conferences and teaching them how to perform necessary therapies and how to meet the developmental and psychological needs of their child at home.

(b) Monthly educational development programs shall be conducted and documented. These programs shall be provided to:

1. Develop collaborative relationships between health professionals and parent(s).

2. Increase understanding and coping with the effects of childhood illness, and shall cover a variety of topics including:

(i) issues of death and dying;

(ii) awareness of services available;

(iii) fostering of advocacy skills;

(iv) impact of illness on child development; and

(v) parenting an ill child.

3. Develop case management skills to assist the family in setting priorities and planning and implementing the child's care at home.

4. Develop a comprehensive Plan of Care to include the medical, nutritional, developmental and psychosocial needs of medically/technologically dependent children, including training in the implementation of new technology.

5. Prepare for management of emergency medical situations.

(c) A comprehensive orientation to acquaint the parent(s) with the philosophy and services of the PCCC shall be provided at the time of the child's placement in the PCCC.

(d) Activities shall be used for the children based on developmentally appropriate educational practices.

(e) To the extent that children are physically able to participate, a daily program shall provide opportunities for learning, self-expression, and participation in a variety of creative activities such as art, music, literature, dramatic play, science and health.

(f) Indoor physical activities, requiring children to use both large and small muscles, shall be provided for children of each age group who are physically able to participate.

(g) Activities for infants/toddlers shall provide experience for the development of language, gross motor, fine motor, social/personal, cognitive, and self-help skills. Examples of such activities include music, dramatic play, story-time, free activity periods, outdoor play, and the opportunity to explore many materials, situations, and roles.

(h) Because of the importance of language development and communication skills to infants and toddlers, they shall be talked to, listened to, read to and sung to, in addition to other language experience activities, including but not limited to, finger plays, patty cake, and flannel board activities.

(4) Nutritional Services

(a) The PCCC must have an organized dietary service that is directed and staffed by adequate qualified personnel. A facility may contract with an outside food management company if the company has a dietitian who serves the facility on a full-time, part-time, or consultant basis, and if the company maintains at least the minimum standards specified in this paragraph and provides for consultant liaison with the facility staff for recommendations on dietetic policies affecting the children's treatment. If an outside contract is utilized for management of its dietary

services, the facility shall designate a full-time employee to be responsible for the overall management of the services.

(b) The PCCC must designate a person, either directly or by contractual agreement, to serve as the food and dietetic services director with responsibility for the daily management of the dietary services. The food and dietetic services director shall be:

1. A qualified dietitian; or,

2. A graduate of a dietetic technician or dietetic assistant training program, correspondence or classroom, approved by the American Dietetic Association; or,

3. A graduate of a state-approved course that provided ninety (90) or more hours of classroom instruction in food service supervision and who has experience as a food service supervisor in a health care institution with consultation from a qualified dietitian.

(c) There must be a qualified dietitian, full time, part-time, or on a consultant basis, who is responsible for the development and implementation of a nutrition care process to meet the needs of health maintenance, disease prevention and, when necessary, medical nutrition therapy to treat an illness, injury or condition. Medical nutrition therapy includes assessment of the nutritional status of the child and treatment through diet therapy, counseling and/or use of specialized nutrition supplements.

(d) Menus must meet the needs of the children.

1. Therapeutic diets must be prescribed by the practitioner or practitioners responsible for the care of the children and must be prepared and served as prescribed.

2. Special diets shall be prepared and served as ordered.

3. Nutritional needs must be met in accordance with recognized dietary practices and in accordance with orders of the practitioner or practitioners responsible for the care of the children.

4. A current therapeutic diet manual approved by the dietitian and nursing director must be readily available to all nursing and food service personnel.

(e) Educational programs, including orientation, on-the-job training, inservice education, and continuing education, shall be offered to dietetic services personnel on a regular basis. Programs shall include instruction in the use of equipment, personal hygiene, proper inspection, and the handling, preparing and serving of food.

(f) A minimum of three (3) meals in each twenty-four (24) hour period shall be served. A supplemental night meal shall be served if more than fourteen (14) hours lapse between supper and breakfast. Additional nourishment shall be provided to children with special dietary needs. A minimum of three (3) days supply of food shall be on hand.

(g) Menus shall be prepared at least one week in advance. A dietitian shall be consulted to help write and plan the menus. If any change in the actual food served is necessary, the change shall be made on the menu to designate the foods actually served to the children. Menus of food served shall be kept on file for a thirty (30) day period.

(h) The dietician or designee shall have a conference, dated on the medical record with each child and/or family within two (2) weeks of admission to discuss the diet plan indicated by the

physician. The child's dietary preferences shall be recorded and utilized in planning his/her daily menu.

(i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.

(j) Perishable food shall not be allowed to stand at room temperature except during necessary periods of preparation or serving. Prepared foods shall be kept hot (140°F or above) or cold (45°F or less). Appropriate equipment for temperature maintenance, such as hot and cold serving units or insulated containers, shall be used.

(k) Food shall not be forced on or withheld from children. Food shall not be used as a reward, nor shall food be used or withheld as punishment.

(l) Specific feeding instructions given by parents shall be in writing. If staff feel instructions to be inappropriate or in conflict with established policy or the therapeutic diet prescribed by the practitioner, staff shall initiate discussion with the parent to resolve the conflict.

(m) New foods shall be introduced to infants and toddlers; foods shall be introduced one at a time over a five-to-seven day period with parental approval.

(n) The feeding schedule for infants shall be in accordance with the child's need rather than according to the hour. (Infants fed breast milk may require more frequent feedings than formula-fed babies.)

(o) Parents and caregivers shall work together when weaning an infant to insure consistency in the weaning process. Weaning shall be delayed until after an infant adjusts to group care.

(p) Children shall not be permitted to carry a bottle with them throughout the day.

(q) All formulas and food brought from home shall be labeled with child's name. Milk shall be placed immediately in the refrigerator. Once milk has been warmed, it shall not be rewarmed or returned to the refrigerator. For optimum digestion, formula is to be served at body temperature.

(r) Frozen breast milk shall be dated when expressed. Bottled breast milk shall not be heated in a microwave oven. To prevent scalding, extreme caution shall be taken when a microwave oven is used to heat food.

(s) Previously opened baby food jars shall be not accepted in the PCCC.

(t) Infants shall be held while being fed if they are unable to sit in a high chair, an infant seat, or at the table. Bottles shall not be propped. A child shall not be given a bottle while lying flat.

(u) When children are capable of using a high chair, they shall be allowed to do so and to experiment with food, with feeding themselves, and to eat with fingers or spoon. Children shall not be left unattended while eating.

(v) Dishwashing machines shall be used according to manufacturer specifications.

(w) All dishes, glassware and utensils used in the preparation and serving of food and drink shall be cleaned and sanitized after each use.

(Rule 1200-8-2-.06, continued)

(x) The cleaning and sanitizing of handwashed dishes shall be accomplished by using a three-compartment sink according to the current "U.S. Public Health Services Sanitation Manual":

(y) The kitchen shall contain sufficient refrigeration equipment and space for the storage of perishable foods.

(z) All refrigerators and freezers shall have thermometers. Refrigerators shall be kept at a temperature not to exceed 45^0F. Freezers shall be kept at a temperature not to exceed 0^0 F.

(aa) Written policies and procedures shall be followed concerning the scope of food services in accordance with the current edition of the "U.S. Public Health Service Recommended Ordinance and Code Regulating Eating and Drinking Establishments", and the current "U.S. Public Health Service Sanitation Manual" should be used as a guide to food sanitation.

(5) Pharmaceutical Services.

(a) The PCCC shall have pharmaceutical services that meet the needs of the children and are in accordance with the Tennessee Board of Pharmacy statutes and rules. The administrator is responsible for developing policies and procedures that minimize drug errors.

(b) All internal and external medications and preparations intended for human use shall be stored separately. They shall be properly stored in medicine compartments, including cabinets on wheels, or drug rooms. Such cabinets or drug rooms shall be kept securely locked when not in use, and the key must be in the possession of the supervising nurse or other authorized persons. Poisons or external medications shall not be stored in the same compartment and shall be labeled as such.

(c) Schedule II drugs must be stored behind two (2) separately locked doors at all times and accessible only to persons in charge of administering medication.

(d) Every PCCC shall comply with all state and federal regulations governing Schedule II drugs.

(e) A notation shall be made in a Schedule II drug book and in the child's medical chart each time a Schedule II drug is given. The notation shall include the name of each child receiving the drug, name of the drug, the dosage given, the method of administration, the date and time given and the name of the physician prescribing the drug.

(f) All oral orders shall be immediately recorded, designated as such and signed by the person receiving them and countersigned by the physician within ten (10) days.

(g) All orders for drugs, devices and related materials must be in writing and signed by the practitioner or practitioners responsible for the care of the child. Electronic and computer-generated records and signature entries are acceptable. When telephone or oral orders must be used, they shall be:

1. Accepted only by personnel that are authorized to do so by policies and procedures, consistent with federal and state law; and,

2. Signed or initialed by the prescribing practitioner according to policy.

(h) Medications not specifically limited as to time or number of doses when ordered are controlled by automatic stop orders or other methods in accordance with written policies. No Schedule II drug shall be given or continued beyond seventy-two (72) hours without a written order by the physician.

(i) Medication administration records (MAR) shall be maintained for each child. Each dose shall be properly recorded in the medical record after it has been administered.

(j) Preparation of doses for more than one scheduled administration time shall not be permitted.

(k) Medication shall be administered only by licensed medical or nursing personnel or other licensed health professionals acting within the scope of their licenses.

(l) Unless the unit dose package system is used, individual prescriptions of drugs shall be kept in the original container with the original label intact showing the name of the child, the drug, the physician, the prescription number and the date dispensed.

(m) Legend drugs shall be dispensed by a licensed pharmacist.

(n) Any unused portions of prescriptions shall be turned over to the parent(s) or only on discharge. A notation of drugs released shall be entered into the medical record. All unused prescriptions not taken by the parent and left at the PCCC must be destroyed on the premises and recorded by a pharmacist. Such record shall be kept in the PCCC.

(6) Rehabilitation Services.

(a) Physical therapy, occupational therapy and speech therapy shall be provided directly or through contractual agreement by individuals who meet the qualifications specified by PCCC policy and consistent with state law.

(b) A licensed physical therapist shall be in charge of the physical therapy service and a licensed occupational therapist shall be in charge of the occupational therapy service.

(c) Direct contact shall exist between the child and the therapist for those children that require treatment ordered by a physician.

(d) If ordered by a physician, the physical therapist and the occupational therapist shall provide treatment and training designed to preserve and improve abilities for independent functions, such as: range of motion, strength, tolerance, coordination and activities of daily living.

(e) Therapy services shall be coordinated with the nursing service and made a part of the child’s treatment plan.

(f) Sufficient staff shall be made available to provide the service ordered.

(7) Psychologist/Social Work Services.

(a) Social services and psychological services must be available to the children, the child’s family and other persons significant to the child, in order to facilitate adjustment of these individuals to the impact of the child’s illness and to promote maximum benefits from the health care services provided.

(b) Social work services shall include psychosocial assessment, counseling, coordination of discharge planning, community liaison services, financial assistance and consultation.

(c) Psychological services shall include psychoanalysis, psychotherapy, psychological testing, psychoeducational evaluation therapy remediation and consultation.

(Rule 1200-8-2-.06, continued)

(d) A child's social history shall be obtained within two (2) weeks of admission and shall be appropriately maintained.

(e) Social work services shall be provided by a qualified social worker.

(f) Facilities for social work services shall be readily accessible and shall permit privacy for interviews and counseling.

(8) Respiratory Care Services (Optional).

(a) If the PCCC provides respiratory care services, the PCCC must meet the needs of the patients in accordance with acceptable standards of practice.

(b) The organization of the respiratory care services must be appropriate to the scope and complexity of the services offered.

(c) There must be adequate numbers of licensed respiratory therapists, respiratory technicians, and other personnel to provide the ordered services.

(d) Services must be delivered in accordance with physician directives.

(e) Personnel qualified to perform specific procedures and the amount of supervision required for personnel to carry out specific procedures must be designated in writing.

(9) Infection Control.

(a) The PCCC must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

(b) The administrator shall assure that an infection control program, including members of the multidisciplinary staff such as nursing and administrative staff, develop guidelines and techniques for the prevention, surveillance, control and reporting of facility infections. Duties of the program shall include the establishment of:

1. Written infection control policies;

2. Techniques and systems for identifying, reporting, investigating and controlling infections in the facility;

3. Written procedures governing the use of aseptic techniques and procedures in the facility;

4 Written procedures concerning food handling, laundry practices, disposal of environmental and human wastes, traffic control and visiting rules, sources of air pollution, and routine culturing of autoclaves and sterilizers;

5. A log of incidents related to infectious and communicable diseases;

6. Formal provisions to educate and orient all appropriate personnel in the practice of aseptic techniques such as handwashing, proper grooming, masking, dressing care techniques, disinfecting and sterilizing techniques, and the handling and storage of equipment and supplies; and,

7. Continuing education for all facility personnel on the cause, effect, transmission, prevention, and elimination of infections.

(c) The administrator must ensure that the facility-wide performance improvement program and training programs address problems identified by the infection control program and must be responsible for the implementation of successful corrective action plans in affected problem areas.

(d) Parents of every child enrolled shall be notified immediately if one of the following communicable diseases has been introduced into the child care center: hepatitis A, foodborne outbreaks (food poisoning) salmonella, shigella, measles, mumps, rubella, pertussis, polio, haemophilus influenza type B, meningococcal meningitis. The PCCC shall report the occurrence of the above diseases to the local health department.

(e) Impetigo and diagnosed strep shall be treated appropriately for 24 hours prior to readmission to the center. Children having scabies or lice shall have proof of treatment to be readmitted. The PCCC shall provide care and/or isolation for a child with a contagious condition only if written instructions of a licensed physician or certified health care provider are obtained first.

(f) The PCCC shall develop policies and procedures for testing a child's blood for the presence of the hepatitis B virus and the HIV virus in the event that an employee of the facility, a student studying at the facility, or other health care provider rendering services at the facility is exposed to a child's blood or other body fluid. The testing shall be performed at no charge to the child and the test results shall be confidential.

(g) The facility and its employees shall adopt and utilize standard or universal precautions of the Centers for Disease Control (CDC) for preventing transmission of infections, HIV, and communicable diseases.

(h) All PCCCs shall adopt appropriate policies regarding the testing of children and staff for HIV and any other identified causative agent of acquired immune deficiency syndrome.

(i) Precautions shall be taken to prevent the contamination of sterile supplies by soiled supplies. Sterile supplies shall be packaged and stored in a manner that protects the sterility of the contents. Decontamination and preparation areas shall be separated.

(j) Space and facilities for housekeeping equipment and supplies shall be provided in each service area. Storage for bulk supplies and equipment shall be located away from child care areas. The building shall be kept in good repair, clean, sanitary and safe at all times.

(10) Performance Improvement.

(a) The PCCC must ensure that there is an effective, facility-wide performance improvement program to evaluate child care and performance of the organization.

(b) The performance improvement program must be ongoing and have a written plan of implementation which assures that:

1. All organized services related to child care, including services furnished by a contractor, are evaluated;

2. Nosocomial infections and medication therapy are evaluated; and,

3. All services performed in the facility are evaluated as to the appropriateness of diagnosis and treatment.

(c) The PCCC must have an ongoing plan, consistent with available community and facility resources, to provide or make available services that meet the medically-related needs of its children.

(d) The facility must develop and implement plans for improvement to address deficiencies identified by the performance improvement program and must document the outcome of the remedial action.

(e) Performance improvement program records shall be disclosable to the Department to demonstrate compliance with this section.

(f) Good faith attempts by the performance improvement program committee to identify and correct deficiencies will not be used as a basis for sanctions.

(11) Transportation Services (If Provided)

(a) If a PCCC provides transportation, its management shall recognize its full responsibility for the child between home and facility and on field trips. On field trips or when transporting children between home and the facility, staff shall maintain an accurate list of children being transported and shall take roll frequently. The driver or accompanying staff member shall assure that every child is received by a parent or other designated person. The owner of the vehicle shall carry adequate liability insurance.

(b) Parents shall be notified of each field trip and notification documented.

(c) Vehicles used to transport children shall be maintained in safe working condition. Regular scheduled inspections shall be documented. Documentation of regular maintenance shall be kept on file in the facility. (See Appendix A)

(d) The driver shall comply with the health requirements as specified in Appendix C of these Rules.

(e) On field trips off premises, at least two (2) adults shall be in the vehicle, in addition to the driver.

(f) Children shall always be attended by a licensed nurse while in a vehicle.

(g) The number of infants and other non-ambulatory children transported by one licensed nurse shall be limited to six. A second licensed nurse shall be in the vehicle supervising the children when seven or more children are being transported.

(h) Transportation provided by the PCCC or under PCCC auspices shall comply with state law.

(i) All children and the driver shall be secured in individual passenger restraint devices at all times during the transportation by the PCCC or under PCCC auspices. Exception: Children four (4) years of age and older transported by a school bus or public transportation are not required to be restrained because these vehicles are not required to be equipped with restraint devices.

(j) No child shall be allowed to ride on the floor of a vehicle, and no child shall be placed with another child in the same restraint device.

(Rule 1200-8-2-.06, continued)

(k) Drivers of any vehicle used to transport children shall have a proper license and endorsement required for the transportation of the number of passengers transported and the vehicle size and weight as required in Chapter 50 of Title 55 of the Tennessee Code Annotated.

(l) A vehicle used to transport children shall have fire extinguishers, emergency reflective triangles, a first aid kit and a blood-borne pathogenic clean-up kit, and an adult familiar with the use of this equipment on board. Emergency exiting procedures shall be practiced by all staff responsible for transporting children on a regular basis.

(m) Storage of firearms is prohibited in vehicles used to transport children.

(n) A minimum of ten (10) inches seat space per child is required in a vehicle transporting children.

(o) Children shall not spend more than ninety (90) minutes traveling one way.

(12) Recreational Services.

(a) The PCCC shall provide opportunities for recreational activities appropriate to the needs, interests, and ages of the children being served.

(b) Equipment needs for Children:

1. General

(i) All indoor and outdoor equipment shall be well made and safe. There shall be no dangerous angles, no sharp edges, splinters, or nails sticking out, no open S-hooks or pinch points within children's reach.

(ii) Damaged equipment shall be repaired or removed from the room or playground immediately.

(iii) Equipment shall be kept clean by washing frequently with soap and water.

(iv) There shall be developmentally appropriate equipment and furnishings for each age group in attendance.

(v) Material and equipment shall be provided to meet the needs of all the children enrolled.

(vi) Individual lockers, separate hooks and shelves or other containers (placed at children's reaching level for mobile children) shall be provided for each child's belongings.

2. Indoor Play Equipment

(i) Pieces of equipment, such as television sets, bookcases and appliances, shall be secured or supported so that they will not fall or tip over.

(ii) Indoor equipment, materials, and toys shall be available to:

(I) Meet active and quiet play needs of all children enrolled;

(II) Provide a variety of developmentally appropriate activities so that each child has at least three choices during play time; and

(III) Adequately provide for all the activities required in other sections of this rule.

(iii) Toys, educational and play materials shall be organized and displayed within children's reach so that, if physically able, they can select and return items independently.

(iv) Teaching aids that are small or that have small parts that can be inhaled or swallowed shall be inaccessible to infants and toddlers.

3. Outdoor Play Equipment (Optional)

(i) All outdoor play equipment shall be sufficient in amount and variety so that children can take part in many kinds of play each day.

(ii) The Consumer Products Safety Commission's "Handbook on Public Playground Safety" or similar authority shall be used for guidance on playground construction and maintenance.

(iii) All outdoor play equipment shall be placed to avoid injury. Fall zones shall extend at least four (4) feet and preferably six (6) feet away from the perimeter of equipment and away from retainer structures, fences, and other equipment and out of children's traffic paths.

(iv) Resilient surfacing material shall cover fall zones at a recognized acceptable depth. (See Appendix B)

(v) Supports for climbers, swings, and other heavy equipment that could cause injury if toppled shall be securely anchored to the ground, even if the equipment is designed to be portable.

(13) Environmental Services.

(a) Environmental services shall be provided to assure the clean and sanitary condition of the PCCC and to provide a safe and hygienic environment for children and staff. Cleaning shall be accomplished in accordance with the infection control rules and regulations herein and PCCC policy; and

(b) There shall be verification of regular continuing education and competency for basic housekeeping principles.

(c) Each facility shall have routine cleaning of articles and surfaces such as furniture, floors, walls, ceilings, supplies, exhaust, grills and lighting fixtures.

(d) Sufficient and proper cleaning supplies and equipment shall be available to housekeeping staff. Cleaning supplies, toxic substances and equipment shall be secured at all times to prevent access by children. Toxic substances shall not be left unattended when not secured.

(e) A closet for janitorial supplies shall be provided.

(f) Storage for bulk supplies and equipment shall be located away from child care areas. Storage shall not be allowed in the outmost shipping carton.

(Rule 1200-8-2-.06, continued)

(g) The building shall be kept in good repair, clean, sanitary and safe at all times.

(14) Laundry Services.

(a) Laundry services shall:

1. Provide space for storage of clean linen within nursing units and for bulk storage within clean areas of the PCCC; and

2. Provide carts, bags or other acceptable containers appropriately marked to identify those used for soiled linen and those used for clean linen to prevent dual utilization of the equipment and cross contamination.

(b) The PCCC shall name an individual who is responsible for laundry service. This individual shall be responsible for:

1. Establishing a laundry service, either within the PCCC or by contract, that provides the facility with sufficient clean, sanitary linen at all times;

2. Knowing and enforcing infection control rules and regulations for the laundry service;

3. Assuring the collection, packaging, transportation and storage of soiled, contaminated, and clean linen is in accordance with all applicable infection control rules and procedures; and,

4. Assuring that a contract laundry service complies with all applicable infection control rules and procedures.

Authority: *§§4-5-202, 68-11-202, 68-11-204, 68-11-206, 68-11-209, 68-11-21, and 68-11-222.* ***Administrative History:*** *Original rule filed June 13, 2002; effective August 27, 2002.*

1200-8-2-.07 BUILDING STANDARDS.

(1) After the application and licensure fee have been submitted, the building construction plans must be submitted as well. For new construction or renovation two (2) sets of blueprints are required. For Business Occupancies two (2) sets of schematic drawings are sufficient. For the purpose of life safety, PCCC facilities are required to meet business occupancy standards and shall comply with the applicable standards of the Life Safety Code of the National Fire Protection Association, 2000 edition, Business Occupancies, Chapter 38 (new) or Chapter 39 (existing) and the 1999 Standard Building Codes.

(a) General

1. Document instructions to staff upon employment, and children upon enrollment, in fire evacuation procedures;

2. Flammable and combustible liquids such as gasoline, cleaning fluids, kerosene, turpentine etc., shall be stored in safety containers and stored at least 16 feet from the building or stored in a U.L. approved/listed cabinet and ventilated as prescribed by code requirement or manufacturers' recommendation.

3. Only metal, U.L. listed or Factory Mutual, approved cans shall be used for trash.

(Rule 1200-8-2-.07, continued)

4. Portable dry powder extinguishers with a U.L. listed rating of 2-A-10 B-C shall be installed in the facility. Travel distance to extinguishers shall not exceed 75 feet.

5. Smoking areas shall be designated by signs and designated in the facility smoking policy.

6. The facility shall have a written emergency plan. The plan shall include actions to be taken in inclement weather and internal and external emergencies. The plan shall designate meeting places outside the building in event of emergencies.

7. All safety equipment shall be maintained in good repair and in operating condition at all times.

(b) Electrical

1. The electrical system, components, equipment and appliances shall be kept in good repair at all times.

2. Knob and tube wiring is prohibited.

3. The use of extension cords and multiple plug adapters is prohibited except U.L. listed surge protection for computers and aquariums.

4. Electrical cords shall not be run under rugs, or carpet, or through walls and doorways.

5. Electrical cords shall not have splices.

6. Electric circuit breaker panel boxes shall not have open slots exposing wiring.

7. Circuit breakers shall be properly labeled.

8. In all new facilities or renovations to existing electrical systems, the installation must be approved by an inspector or agency authorized by the State Fire Marshall.

9. The electrical system shall not be overloaded.

10. Ground-Fault Circuit Interrupters (GFCI) are required in all wet areas, such as kitchens, laundries, janitor closets, bath and toilet rooms, etc. and within six (6) feet of any laboratory.

(c) Means of Egress

1. Corridors shall be 44 inches in width for new and newly licensed buildings. (Existing licensed facilities' corridors shall be 36 inches wide or occupancy load less than 50). No door that is part of an exit system shall be less than 32 inches.

2. Corridors shall be lighted at all times.

3. Corridors shall be clear at all times.

4. Corridor doors shall not have louvers.

5. Battery powered emergency lighting shall be installed in corridors, common areas and in stairways.

(Rule 1200-8-2-.07, continued)

6. Evacuation plans shall be posted in prominent areas such as reception areas, near doors in classrooms, etc.

7. Storage beneath any stair is prohibited.

8. Corridors in multi-storied buildings shall have two exits remote from each other. At least one exit shall be directly to the outside.

(d) Mechanical

1. Any changes in the central heating/cooling system shall be inspected and approved by an inspector agency authorized by the State Fire Marshall. Fireplaces shall be inspected by a qualified contractor.

2. All units having a total of 2,000 CFM or greater in a zone shall shut down when the fire alarm panel is activated.

(e) Fire Alarm

1. Manual pull stations shall be installed in paths of travel to exits and by each required exit.

2. All alarm devices shall be connected to the fire alarm panel.

3. The fire alarm panel shall have auxiliary power such as batteries or generators.

4. All sprinkler systems are to be electrically supervised.

5. Structures with atriums, vertical openings or monumental stairs open to another floor must have their fire alarm system automatically transmit an alarm to the municipal fire department or to an agency acceptable to this department with equipment which meets NFPA signaling and standard building codes. Fire protection systems and smoke evacuation systems must be on emergency power.

(f) Finishes and Furnishings.

1. Highly combustible finishes shall not be permitted. These finishes include, but are not limited to, cane fibers ceiling tiles, fiber board and wafer board.

2. Except when verified as Class A, wood veneer paneling shall not be permitted in existing or renovated facilities unless a U.L. listed intumescent paint is applied and reapplied in accordance with manufacturer's specifications. Documentation must be maintained for application, to include invoices and containers with labels.

3. Shag carpet is prohibited.

4. Highly toxic and combustible furnishing shall not be permitted and these furnishings include, but are not limited to, urethane bed pads and urethane mattresses.

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.* ***Administrative History:*** *Original rule filed June 13, 2002; effective August 27, 2002. Amendment filed February 18, 2003; effective May 4, 2003.*

1200-8-2-.08 LIFE SAFETY.

(1) Any PCCC which complies with the required applicable building standards and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.

(2) All fires which result in a response by the local fire department shall be reported to the department within five (5) business days. The report shall contain sufficient information to ascertain the nature and location of the fire, its probable cause and any injuries incurred by any person or persons as a result of the fire. Initial reports by the facility may omit the name(s) of client(s) and parties involved, however, should the department find the identities of such persons to be necessary to an investigation, the facility shall provide such information.

(3) Flammable liquids shall be stored in approved containers.

(4) Open flame and portable space heaters shall not be permitted in the facility.

(5) All heaters shall be guarded and spaced to prevent ignition of combustible material and accidental burns. The guard shall not have a surface temperature greater than 120^0 F.

(6) Fireplaces and/or fireplace inserts may be used only if provided with guards or screens which are secured in place. Fireplaces and chimneys shall be inspected and cleaned annually and verified documentation shall be maintained.

(7) All electrical equipment shall be maintained in good repair and in safe operating condition.

(8) Electrical cords shall not be run under rugs or carpets.

(9) The electrical systems shall not be overloaded. Power strips shall be equipped with circuit breakers. Extension cords shall not be used.

(10) Fire extinguishers, complying with NFPA 10, shall be provided and mounted to comply with NFPA 10 extinguisher in the kitchen area shall be a minimum of 2-A:10 B:C and an extinguisher with a rating of 20-A shall be adjacent to every hazardous area. The minimum travel distance shall not exceed fifty (50) feet between the extinguishers.

(11) Smoking and smoking materials will be permitted only in designated areas. Ashtrays shall be provided wherever smoking is permitted. The facility shall have written policies and procedures for smoking within the facility available to the staff and visitors.

(12) Corridors and exit doors shall be kept clear of equipment, furniture and other obstacles at all times. There shall be a clear passage at all times from the exit doors to a safe area. Locks which require the use of a key from the inside shall not be provided in the means of egress.

(13) Trash and other combustible waste shall not be allowed to accumulate within and around the facility and shall be stored in appropriate containers with tight-fitting lids.

(14) All safety equipment shall be maintained in good repair and in a safe operating condition.

(15) Janitorial supplies shall not be stored in the kitchen, food storage area or dining area.

(16) Emergency telephone numbers shall be posted near a telephone accessible to the clients.

(Rule 1200-8-2-.08, continued)

(17) Combustible finishes and furnishings shall meet applicable codes.

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.* ***Administrative History:*** *Original rule filed June 13, 2002; effective August 27, 2002.*

1200-8-2-.09 INFECTIOUS AND HAZARDOUS WASTE.

(1) Each PCCC must develop, maintain and implement written policies and procedures for the definition and handling of its infectious and hazardous wastes. These policies and procedures must comply with the standards of this section and all other applicable state and federal regulations.

(2) Waste must be packaged in a manner that will protect waste handlers and the public from possible injury and disease that may result from exposure to the waste. Such packaging must provide for containment of the waste from the point of generation up to the point of proper treatment or disposal. Packaging must be selected and utilized for the type of waste the package will contain, how the waste will be treated and disposed of, and how it will be handled and transported prior to treatment and disposal.

(3) After packaging, waste must be handled and transported by methods ensuring containment and preserving the integrity of the packaging, including the use of secondary containment where necessary.

(4) Waste must be stored in a manner and location which afford protection from animals precipitation, wind, and direct sunlight, do not present a safety hazard, do not provide a breeding place or food source for insects or rodents and do not create a nuisance.

(5) In the event of spills, or other incidents where there is a loss of containment of waste, the facility must ensure that proper actions are immediately taken to:

(a) Isolate the area;

(b) Repackage all spilled waste and contaminated debris in accordance with the requirements of paragraph (4) of this rule; and

(c) Sanitize all contaminated equipment and surfaces appropriately.

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.* ***Administrative History:*** *Original rule filed June 13, 2002; effective August 27, 2002.*

1200-8-2-.10 RECORDS AND REPORTS.

(1) Children's Records.

(a) The following records shall be maintained at the PCCC and made available to the Department upon request. Each child shall have a record containing the following information:

1. A current information form which includes the child's name, date of birth, name of parent(s), child and parent's home address, parent's business address, phone numbers, work hours, social history, and the name and address (home and business or school) of a responsible person to contact in an emergency if parent(s) cannot be located promptly;

2. Name, address and telephone number of a physician to call in case of an emergency;

3. Written consent of parent(s) regarding emergency medical care;

(Rule 1200-8-2-.10, continued)

4. A transportation plan, including to whom the child will be released, and a clear policy concerning the release of the child(ren) to anyone whose behavior may place the child(ren) in immediate risk;

5. Comprehensive protocol for care specifying the goals for care and methods for goal achievement and time frame for reviewing and revising the plan;

6. A consent for treatment form signed by parent and PCCC representative;

7. A medical history for the child, including notations from visits to health care providers;

8. Before a preschool child older than eight weeks is accepted for care, he/she shall have proof of being age-appropriately immunized according to the current schedule authorized by the Tennessee Department of Health. (Children six through eight weeks of age may be enrolled before immunizations are begun.)

9. If a child has any known allergies, they shall be indicated in the child's health record. Foreign-born children must also present evidence of tuberculosis screening. (See Appendix C)

10. A copy of each infant/toddler's or preschool child's health history and immunization record, signed or stamped by a certified health care provider, shall be on file in the prescribed child care center and available to the appropriate staff. The health record shall be returned to the parent upon request when the child leaves the center.

11. Exceptions to requirements 8. and 10. of this section may be made only if:

    (i) The child's physician or the health department provides a signed and dated statement, giving a medical reason why the child should not be given a specified immunization; or

    (ii) The child's parent provides a signed written statement that such immunizations conflict with his/her religious tenets and practices.

12. Before an infant or toddler is accepted for care, the parent shall have proof of the child's physical examination within three months prior to admission, signed or stamped by a physician or health care provider. Each infant/toddler shall have on file an official health record of the first medical checkup and health history.

13. Other requirements as set forth in Appendix C shall apply.

14. Flow chart of treatments administered;

15. Concise, accurate information and initialed case notes reflecting progress toward plan goal achievement or reasons for lack of progress;

16. Documentation of nutritional management and special diets, as appropriate;

17. Documentation of physical, occupational, speech and/or other special therapies;

18. Daily attendance records for each child;

19. Written permission for field trips away from the premises; and

(Rule 1200-8-2-.10, continued)

20. The same records shall be kept on infants/toddlers as on other children in the PCCC. In addition, each infant's/toddler's and any other non-verbal child's daily activities, including time and amount of feeding, time and amount of medication given, vital signs taken, elimination, times of diaper changes, sleep patterns, and developmental progress shall be recorded and shared with the parent(s) daily.

(b) A child's records shall be kept for one year following the child's leaving the PCCC. (The health record shall be returned upon request when the child leaves the facility.)

(c) Unusual incidents shall be reported to the Department within five (5) days of the occurrence of the incident. The Board shall define, identify and establish guidelines for the reporting of an event deemed to be an unusual incident. The facility shall conduct and complete a thorough investigative analysis, which shall include any necessary corrective action, of the incident within 40 days of the occurrence of the incident. The incident report and the investigative analysis report shall be recorded in a format designated by the Department. The investigative analysis report shall remain in the facility. The Department shall have access to the investigative analysis report and any other requested facility record as allowed in T. C. A. 68-11-301 et seq. Access to the investigative analysis report shall not be deemed a waiver of any privilege afforded to the facility. Failure to comply with this sub-paragraph may result in disciplinary action against the facility before the Board.

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.* ***Administrative History:*** *Original rule filed June 13, 2002; effective August 27, 2002.*

1200-8-2-.11 CHILD, PARENT OR RESPONSIBLE PARTY'S RIGHTS.

(1) The PCCC shall demonstrate respect and support for each child's rights. The facility insures each child receives professional and humanistic services in a manner that protects their fundamental human, civil, constitutional and statutory rights.

Policies and procedures shall be developed, approved, and maintained to ensure consistent application and communication throughout the organization.

(a) The following rights of children and parents shall apply whenever appropriate:

1. Impartial access to treatment or accommodations that are available or medically indicated regardless of race, creed, sex, national origin, or sources of payment for care.

2. Considerate, respectful care at all times and under all circumstances, with recognition of his/her personal dignity, values and beliefs.

3. Identity and professional status of individuals providing services to the child and to know who is primarily responsible for the child's care or treatment.

4. Expectation of reasonable safety insofar as family practices and environment are concerned.

5. Confidentiality of child's records.

6. Ability to voice complaints regarding care without fear of discrimination or compromising their child's future care.

7. The parent may direct a determination which encompasses the right to make choices regarding life sustaining treatment, including resuscitative services.

8. Information about fee schedules and payment policies.

9. Environment conducive to personal and informational privacy.

(b) Children shall not be abused, neglected, or administered corporal punishment.

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.* ***Administrative History:*** *Original rule filed June 13, 2002; effective August 27, 2002.*

1200-8-2-.12 PROCEDURES FOR THE WITHHOLDING OF RESUSCITATIVE SERVICES.

(1) Each PCCC shall maintain and establish policies and procedures which allow for the withholding of CPR measures from children. The procedures for determining when the services may be withheld shall respect the parents' and children's rights. The facility shall inform the parent of the policies and procedures upon admission or at such time as may be appropriate.

(2) All parents shall be presumed as having consented to CPR unless there is documentation in the child's record that the parent has specified that a DNR order be written. DNR orders may be written to exclude any portion of the CPR measures deemed to be unacceptable.

(3) In the case of a child who has appointed an attorney in fact to act on his or her behalf, documentation in the medical record must reflect that the attorney in fact has specified that a DNR order be written.

(4) CPR may be withheld from a child if in the judgement of the treating physician an attempt to resuscitate would be medically futile. Withholding and withdrawal of resuscitative services shall be regarded as identical for the purposes of these regulations.

(5) All DNR orders shall be accompanied by documentation in the child's record stating when the decision was made and who was involved in the decision making process.

(6) Procedures for periodic review of DNR orders shall be established and maintained. The facility shall have procedures for allowing revocation or amending DNR orders by the parent, the attorney in fact, the representative, or treating physician. Such change shall be documented in the medical record.

(7) Any treating physician who refuses to enter a DNR order in accordance with provisions set forth above, or to comply with a DNR order, shall promptly advise the parent, the attorney in fact, or the representative of this decision. The treatment physician shall then:

(a) Make a good faith attempt to transfer the child to another physician who will honor the DNR order; and,

(b) Permit the parent to obtain another physician to treat the child.

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, 68-11-209, and 68-11-224.* ***Administrative History:*** *Original rule filed June 13, 2002; effective August 27, 2002.*

1200-8-2-.13 DISASTER PREPAREDNESS.

(1) The administrator of every PCCC shall have in effect and available for all supervisory personnel and staff, written copies of the following required disaster plans, for the protection of all persons in the event of fire and other emergencies for evacuation to areas of refuge and/or evacuation from the building. A detailed log with staff's signatures of training received shall be maintained. All employees shall be trained annually as required in the following plans and shall be kept informed with respect to

their duties under the plans. A copy of the plans shall be readily available at all times in the telephone operator's position or at the security center. Each of the following plans shall be exercised annually prior to the month listed in each plan:

(a) Fire Safety Procedures Plan (to be exercised at any time during the year) shall include:

1. Minor fires;

2. Major fires;

3. Fighting the fire;

4. Evacuation procedures; and,

5. Staff functions by department and job assignment.

(b) Tornado/Severe Weather Procedures Plan shall include:

1. Staff duties by department and job assignment; and,

2. Evacuation procedures.

(c) Bomb Threat Procedures Plan (to be exercised at anytime during the year) shall include:

1. Staff duties;

2. Search team, searching the premises;

3. Notification of authorities;

4. Location of suspicious objects; and,

5. Evacuation procedures.

(d) Floods Procedures Plans, if applicable, shall include:

1. Staff duties;

2. Evacuation procedures; and

3. Safety procedures following the flood.

(e) Severe Cold Weather and Severe Hot Weather Procedures Plans shall include:

1. Staff duties;

2. Equipment failures;

3. Insufficient HVAC on emergency power;

4. Evacuation procedures; and

5. Emergency food service.

(Rule 1200-8-2-.13, continued)

(f) Earthquake Disaster Procedures Plan shall include:

1. Staff duties;

2. Evacuation procedures;

3. Safety procedures; and,

4. Emergency services;

(2) All facilities shall participate in the Tennessee Emergency Management local/county emergency plan on an annual basis. Participation includes but is not limited to filling out and submitting a questionnaire on a form to be provided by the Tennessee Emergency Management Agency. Documentation of participation shall be maintained and shall be made available to survey staff as proof of participation.

Authority: *T.C.A. §§4-5-202, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.* ***Administrative History:*** *Original rule filed June 13, 2002; effective August 27, 2002.*

Appendix A

Vehicle Safety Check
Preventive Maintenance Check List

Vehicle No. ..... Facility _____

Use one column per day; write date in shaded area. Check each item (T) if OK, (0) if item needs attention, and (x) if deficiency is corrected. Note any defects and/or corrections at the bottom of sheet. In addition, defects are to be reported to your supervisor.

Exterior ↓ / Date → Checked										
Tires										
Turn Signals										
Body (cleanliness)										
Head Lights										
Mirrors										
Wipers										
Body (dents)										
Interior ↓										
Brakes										
Steering										
Safety Equipment										
Dash Gauges										
Seat Belts										
Cleanliness										
Body (dents)										
Under Hood ↓										
Oil										
Coolant										
Transmission Fluid										
W/W Fluid										
Belts/Hoses										
Brake Fluid										
Amount of Gas Added										
Mileage										
Driver initials										

Defects/Maintenance performed: ..... _____
Remarks: ..... _____

Appendix B

Playground Surfacing

(1) Playground Surface Materials

(a) A variety of surfaces on the playground provides flexibility and visual interest as well as enjoyment and learning experiences for children. Various play activities require or are facilitated by different surfaces. For example, concrete, asphalt, or hard-packed dirt are better than grass or sand for trike riding and hopscotch; while sand, pebbles, dirt or other "fluid" material are necessary for manipulative activities such as digging or pouring.

(b) Climbers, swings and other equipment which can take a child's feet off the ground are in a "fall zone." A fall of even six (6)" can cause injury to a small child. The fall-zone area under and around equipment where children might fall and be injured shall be covered with impact-absorbing materials which will effectively cushion the fall of a child. According to the Consumer Product Safety Commission (which is mentioned in these standards for additional guidance), falls from equipment onto a hard surface account for 60% to 70% of playground related injuries, and injuries from falls are responsible for over half of all deaths of children after infancy.

(c) Tricycles and other children's vehicles are not included in this fall-zone rule, although consideration should be given to placing tricycle tracks within a resilient area and/or providing helmets.

(d) Before the variety of materials is examined, another hazard should be considered. In landscaping a play area for children, make certain no poisonous plants, bushes, or grasses are used. The Department has a list of plants to avoid, or consult with your local Poison Control Center if in doubt. (A nursery may not be reliable since nurseries are not accustomed to that question.)

(e) Whether loose-fill material or a "unitary" covering is chosen as a resilient surface, it should extend far enough to cover the fall zone, or at least 4 feet and preferably six (6) feet from all sides or perimeters of equipment where children could fall or be propelled (e.g., from arc of swing or exit end of slide).

(f) Some surface materials are listed below, with advantages and disadvantages of each given, along with acceptable depth requirements. The range of depths is based on height of equipment in fall zone: the taller the equipment, the more resiliency needed. (Sources for this information are the Consumer Product Safety Commission's 1992 "Handbook for Public Playground Safety" and "Caring for Our Children", American Public Health Association/American Academy of Pediatrics [1992]). Administrators are advised to follow guidelines in one of these publications for construction, renovation and maintenance of playgrounds and playground equipment.) Other materials are not precluded; if another material is chosen, use the suggested depth for a similar material (e.g., if cocoa mulch is chosen, use the greatest depth given for wood mulch).

(2) Natural/Loose-Fill Materials

Note: Most are not easily accessible to wheel chairs.

(a) Grass: Provides color and soft appearance to play area, esthetically pleasing. High maintenance. Wears off in high-traffic areas, leaving mud or hard-packed dirt; therefore, unacceptable as a resilient surface under climbers and swings.

(Rule 1200-8-2-Appendix B, continued)

(b) Coarse sand: Dries fairly quickly (if good drainage system), good for manipulative activities (pouring, sifting, moving), is easily raked. (Sand play area must be apart from sand area around equipment. Sand play area must be covered when not in use and cleaned occasionally.) Depth: 6" min./Eqt. ht: 5 ft.; 12" min./Eqt. ht.: 6 ft. Moderate to high maintenance required because of need to rake when displaced and to clean occasionally. Can cause small cuts and possible eye injury if thrown. CPSC Handbook makes distinction among fine, medium, and coarse.

(c) Pea gravel: Drains well, can be played on immediately after rain, suitable for manipulative activities (in protected area away from equipment). Medium size is best (small size can be lodged in ears and noses, large size could cause injury if thrown and is difficult to walk on.) Scatters easily, not recommended for slopes. Depth: 6" to 12" depending on height of equipment. Low maintenance. Must be raked when displaced. Use caution when selecting; must be smooth "river rock."

(d) Rubber mulch: A newer product (untested as of this printing). Provides acceptable resiliency at 6" depth, drains well. Some types leave black marks or dust on skin and clothing. Some objection to heat generated by the sun and its combustibility. Low maintenance. Must be raked when displaced.

(e) Sawdust: Inexpensive and drains well when new. High maintenance, requiring a large amount for acceptable resiliency because it scatters easily and must be raked often; must be replaced often because of deterioration. Untested.

(f) Wood chips: Drain fairly well. Better drainage provided if placed over sand/dirt combination (perhaps with gravel/dirt layered system). Easily scattered, requiring occasional raking. Depth: 6" to 12" depending on height of equipment. Check for splintering. Rots, needing replacement. Moderate maintenance.

(g) Wood mulch: See wood chips for drainage information. Packs down, requiring raking. Less abrasive than sand. Depth: 6" to 12", depending on height of equipment. Rots, needing replacement on at least annual basis. Moderate to high maintenance.

(3) Unitary Products

These are of solid construction, usually rubber or rubber composition over foam mats or tiles, or they may be "poured." The CPSC "Handbook for Public Playground Safety" (1992 ed.) reads:

"Unitary materials are available from a number of different manufacturers many of whom have a range of materials with differing shock absorbing properties. Persons wishing to install a unitary material as a playground surface should request test data from the manufacturer that should identify the Critical Height of the desired material. In addition, site requirements should be obtained from the manufacturer because some unitary materials require installation over a hard surface while for others this is not required."

Their advantages are their low or no maintenance feature, consistent shock absorbency, wheelchair accessibility, and good footing. The primary disadvantage is the initial high cost; however, most are guaranteed for 5 years but may last longer. Some need to be installed by a professional--some on concrete, some on a level dirt/sand surface. (For more information, see CPSC Handbook.)

Artificial turf should not be used on playgrounds because of its lack of conformity to CPSC standards and because it causes carpet-type burns on falls.

Appendix C

Immunization and TB Requirements

In addition to the rules in Section 1200-8-2-.10, these rules are also required of prescribed child care centers.

(1) Immunization Rules

(a) Age-appropriate immunization against the following diseases is required for every child nine (9) weeks of age and above: diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, haemophilus influenza type B, and hepatitis B (and such vaccines and medications as deemed appropriate by the Department of Health in the event of a disease outbreak).

(b) Records of children shall state whether immunizations required for care are complete, and if not complete, when future immunizations will be given. If immunizations are not continued on time by the parent, the child shall not remain in care. If a child has any known allergies, they shall be indicated in the child's health record. Foreign-born children shall also present evidence of tuberculosis screening.

(2) Requirements For Tuberculosis Screening Of Child Care Populations

PCCCs that provide care for periods of less than twenty-four (24) hours per day shall comply with the following health regulations relating to tuberculosis control:

(a) Staff

1. It is preferable that staff be screened for tuberculosis within 90 days prior to employment. However, if the situation dictates immediate hire, the staff person shall be screened for signs and symptoms of TB and obtain a mantoux tuberculin skin test no later than two (2) weeks after employment.

2. In immediate hire situations, a TB Screening Inventory shall be completed on the staff person (see attached form entitled "Child Care Staff: Tuberculosis Screening Inventory). If the results of the screening inventory are negative, the staff person may begin work while awaiting the outcome of the mantoux tuberculin skin test. If the results of the screening inventory indicate the likelihood of a positive TB infection, the applicant shall be evaluated by a physician prior to beginning employment. This evaluation may include a chest x-ray and if necessary, other specific tests. If the results of the mantoux tuberculin skin test are positive, the employee shall be evaluated by a physician prior to continuing employment. Persons requiring an evaluation by a physician shall provide documentation indicating that they are free of infectious tuberculosis.

3. Prospective or current staff who are known to have positive tuberculosis reaction shall receive a chest x-ray to rule out infectious tuberculosis. No x-ray is required for persons with documentation of completed preventive therapy. Screening for signs and symptoms of TB shall occur periodically.

(b) Children

1. Foreign-born

All foreign-born children shall present evidence of tuberculin skin test performed in the United States at any time after twelve (12) months of age. Any child with a positive tuberculin skin test shall be referred to a physician for evaluation. After the initial

(Rule 1200-8-2-Appendix C, continued)

evaluation, future periodic screening is not required unless the child develops persistent pulmonary symptoms or there is contact with tuberculosis.

2. Native-born

Special screening of children born in the United States is not required unless there is a history of contact to tuberculosis or there are symptoms and/or physical findings suggestive of tuberculosis. If symptoms are present, the child shall be evaluated by a physician. Such children shall provide documentation indicating that they are free of infectious tuberculosis.

Child Care Staff
Tuberculosis Screening Inventory

Note: This inventory is not a self-evaluation. This form is to be completed by PCCC administrative personnel.

Name:_____ Status: (circle one:) Applicant Employee

Any child care applicant/employee with the following symptoms should be evaluated promptly for TB:

_____ persistent cough (i.e., a cough lasting three weeks or more), especially in the presence of other signs or symptoms compatible with active TB such as:

_____weight loss
_____night sweats
_____bloody sputum
_____anorexia
_____fever

If the above symptoms are indicated, the individual should not begin or continue employment until a diagnosis of TB has been excluded or until the person is on therapy and a determination has been made that the individual is noninfectious.

Inventory Results:

_____ indicated - medical confirmation of noninfectious status required

_____ not indicated - no further action necessary

Signature:_____

Date Completed:_____

Medical Confirmation:

_____ confirmation of noninfectious status received

Signature:_____

Date Received:_____